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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example:If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. beler4Senate ADDRESS (number and street) (Check if address is changed) MN CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) ward@wardcompany.com (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) www.jimabeler.com (Check if address is changed) DATE FEC IDENTIFICATION NUMBER IS THIS STATEMENT OR NEW (N) AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use Toll Free 800-424-9530 (Revised 02/2009)

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